The Distinction between Deep-Seated Homosexual Tendencies and Transitory Same-Sex Attractions in Candidates for Seminary and Religious Life

Peter C. Kleponis, Ph.D., and Richard P. Fitzgibbons, M.D.

Dr. Kleponis has evaluated candidates for priesthood and religious life for many years. He has given many conferences to seminarians and to priests. His doctoral thesis addressed the issue of narcissism and spirituality in seminarians. His email address is pklepon91@aol.com.

Dr. Fitzgibbons has given conferences to spiritual formation teams at a number of seminaries and to seminarians on growth in affective maturity. He has authored chapters in two books on the origins and healing of same-sex attractions. He is consultant to the Congregation for the Clergy at the Vatican. His email address is r82488@aol.com.

Abstract

The sexual abuse crisis in the Church, in which the primary victims were adolescent males, highlights the importance of the 2005 document from the Vatican's Congregation for Catholic Education on the selection of candidates for priesthood and religious life in regard to homosexuality. A thorough in-depth clinical interview that focuses on masculine identity and an evaluation of the development of a positive masculine identity through secure attachment relationships with the father, male peers, and a brother, as well as a positive body image and thorough psychological testing, can distinguish clearly between deep-seated homosexual tendencies and transitory same-sex attractions in candidates for priesthood.

The Linacre Quarterly 78(3) (August 2011): 355–362.

0024-3639/2011/7803-0007 $.30/page.

The lack of secure, accepting, and positive relationships with the male peers, the father, and a brother can result in weaknesses in male confidence, sadness, and anger which are major unconscious factors in the development of same-sex attractions. The process of resolving transitory same-sex attractions in candidates and in seminarians is also described in this article. The implementation of this Vatican document is important in the protection of minors from sexual abuse and of the Church from further shame and sorrow.

Introduction

The sexual abuse crisis in the Church in which the primary victims were adolescent males[1] highlights the importance of the 2005 document from the Vatican's Congregation for Catholic Education on the selection of candidates for priesthood and religious life in regard to homosexuality. In that document, a distinction is made between deep-seated homosexual tendencies and transitory same-sex attractions.[2] The ability of bishops, religious superiors, vocation directors, and mental-health professionals who evaluate candidates to make this distinction is vitally important for the protection of minors and of the Church from further shame and sorrow.

Based on thirty-five years of clinical experience and pertinent literature in the mental-health field, it is possible to distinguish clearly between deep-seated homosexual tendencies and transitory same-sex attractions in candidates for priesthood through an in-depth clinical interview that focuses on an evaluation of the development of a positive masculine identity through secure attachment relationships in the family, and with male peers, associated with a positive body image, and through psychological testing.

Deep-Seated Homosexual Tendencies

Those with deep-seated homosexual tendencies often identify themselves as "gay men" which is based to a large extent upon their sexual attractions. They often reject the current scientific findings that there is no genetic or biological basis for SSA[3] and believe they were born this way. They do not view homosexuality as a disordered inclination, are comfortable with their sexual attractions, subscribe to the increasingly prevalent belief that homosexuality is a normal variation in human sexuality, and think there is nothing wrong with homosexual acts. Their beliefs make them highly vulnerable to sexual acting out.

Men with deep-seated homosexual tendencies are usually unwilling to examine the possibility that they experienced emotional conflicts in significant male relationships that result in same-sex attraction. When asked, they are often unable to name a best male friend in elementary school. Their strong physical attraction to other men's bodies and to the masculinity of others is the result of profound weakness in male confidence, a craving for male acceptance, and a poor body image.[4] They have

a significant affective immaturity with excessive anger and jealousy toward males who are not homosexual. Their insecurity leads them to avoid close friendships with other men who do not have SSA.

Conflicts in male confidence have been identified in clinical research published in peer-reviewed journals[5] and in clinical experience[6] as being important conflicts in those with SSA that can also lead to same-sex attractions.

Also, well-designed research studies published in peer- reviewed journals have demonstrated a much higher prevalence of psychiatric illness in those who identify themselves as homosexual.[7] In addition, a 2011 cancer research paper demonstrated that men with same-sex attractions are nearly twice as likely to have cancer as other men with the median age being forty-one.[8]

Our clinical experience in treating large numbers of seminarians, priests, and religious for over thirty-five years has demonstrated a direct link between unresolved anger from childhood and later rebellion against the Church's teaching on sexual morality and sexual acting out. Often, those who actively dissent from the Church's teaching on sexuality do so to justify their own actions. They have little to no defense against sexual temptations and usually have a history of significant homosexual behaviors.

The mental health and medical literature support the importance of the Vatican document on making the distinction between deep-seated homosexual tendencies and transitory same-sex attractions.

Transitory Same-Sex Attractions

Although the use of term "transitory same-sex attractions" is a newer concept in the description of young men with same-sex attractions, in our professional opinion it is an accurate clinical description of this conflict and its good prognosis. We deem it preferable to the use of the terms "ego-dystonic" homosexuality or "obligatory" or "optional" homosexuality[9] because it implies the ability to change.

Candidates with transitory same-sex attractions do not base their masculine identity upon their sexual attractions. While not understanding fully the origins of their same-sex attractions, they do not believe they were born with them and greatly desire to overcome them. Usually, they have not had a history of homosexual acting out. They accept the fullness of the Church's teaching on sexual morality and want to live and teach it. They do not subscribe to current societal views on homosexuality and same-sex unions.

These young men are highly motivated to work in psychotherapy to identify the origins of their conflicts and to resolve them. The most common conflicts identified that caused weaknesses in male confidence arises from the failure to develop close male friendships in early childhood, most often because of a lack of eye-hand coordination that is necessary to participate comfortably in baseball, basketball, soccer, football, and

gym activities. In a culture that has a great focus on sports, it is difficult for a boy to develop healthy male confidence if he does not participate in some athletic activity.

Close male friendships often are not present in childhood, resulting in a deep loneliness, sadness, insecurity, anxiety, anger, and poor body image. The attraction to other males often begins prior to adolescence and is an unconscious attempt to escape from emotional pain. Also, a lack of secure attachment to the father is present is some of these men that intensifies loneliness and male insecurity.

Psychological Testing

The tests we recommend in the process of the evaluation of same-sex attractions in candidates are the Clarke Sex History Questionnaire–Revised (SHQ-R[10]) and the Boyhood Gender Conformity Scale (BGCS[11]). The SHQ-R was developed for use with sex offenders in the criminal justice system. It identifies a variety of normal and pathological sexual practices. The BGCS was developed at the University of Indiana and has the ability to identify homosexuality with 87 percent accuracy. Used together, these tests can identify, with 90 percent accuracy, men with same-sex attractions.

The Mental-Health History and Male Confidence

Presently, candidates are often simply asked if they are heterosexual or homosexual. In addition, some mental-health professionals try to identify sexual attractions through projective psychological testing. However, this approach is insufficient, particularly in view of the crisis in the Church. What is needed is an in-depth history of secure attachment relationships with male peers, the father, and male siblings, if present, to evaluate the development of male confidence in childhood, adolescence, and young adult life.

Since male peer acceptance is crucial to the development of male confidence, it is important to determine when the candidate first experienced a best male friend and then the quality of that relationship. Often candidates with SSA, identify the best male friendship beginning in early adolescence.

Another important cause of male peer rejection, in addition to the inability to bond with other males in sports, is jealousy of the outstanding academic, musical, and artistic gifts of many of these men.

The evaluation the body image is also important because a poor body image intensifies male insecurity and can contribute to same-sex attractions. A man with a poor body image may want the perfect male body so much, that he develops a sexual attraction to other males.

Finally, an evaluation of any history of childhood homosexual experiences or abuse is necessary. Homosexual childhood sexual abuse severely damages male confidence. Also, some men develop same-sex attractions as a result of sexual abuse by older males.

For all of these men, their homosexual attractions are an attempt to obtain the male confidence and masculinity they never received due to a lack of healthy male bonding with father and peers. Yet, no matter how hard they try, sexual and/or romantic relationships with other men can never properly heal their wounds or meet their needs. The purpose of therapy is to identify these deep, emotional wounds and find true healing for them.

The psychological testing and extensive psychological history can accurately distinguish candidates who have deep-seated homosexuality from those with transitory same-sex attractions.

The Treatment of Transitory Same-Sex Attractions

Once transitory same-sex attractions are identified, treatment is recommended either prior to entering seminary or as a seminarian. The goal is to address the emotional conflicts that have been uncovered in the evaluation. This process involves resolving anger with those who have inflicted hurt, through an ongoing forgiveness process,[12] strengthening male confidence, resolving sadness and loneliness, and building trust.

Spiritual direction and faith are essential in this process because it is difficult to resolve serious childhood emotional wounds without them. The growing knowledge of Jesus as one's best friend and brother through childhood and adolescence diminishes wounds of loneliness and male insecurity. Also, the growing knowledge of St. Joseph as another loving and affirming father is comforting and brings healing of the father wound.

Along with therapy and spiritual direction, men with same-sex attractions should be encouraged to develop healthy, non-sexual friendships with heterosexual males. Such friendships strengthen male confidence and diminish the loneliness that drives same-sex attractions.

While some question the effectiveness of therapy for resolving same-sex attractions, in our clinical experience in working with candidates for seminary and seminarians with transitory same-sex attractions, when the emotional conflicts are addressed effectively and healthy male friendships are maintained, same-sex attractions resolve.[13]

An important study on recovery from same-sex attractions was conducted by Dr. Robert Spitzer of Columbia University. Dr. Spitzer, in 1973, led the American Psychiatric Association task force that removed homosexuality from the psychiatric diagnostic manual. In his study of two hundred adults who had sought help for their SSA, he found that five years after ending treatment, 64 percent of the men and 43 percent of the women identified themselves as heterosexual.[14]

In response to the view that psychotherapy that offers healing for SSA can be harmful,[15] Dr. Spitzer wrote,

> Although depression has been reported to be a common side effect of unsuccessful attempts to change orientation, this was not the case for our participants, who often reported that they were markedly or extremely depressed prior to treatment (males 43%, females 47%),

> but rarely that depressed after treatment (males 1%, females 4%). To the contrary, after treatment the vast majority reported that they were "not at all" or only slightly depressed (males 91%, females 88%).[16]

This research study also demonstrated the benefits of growth in confidence. The participants were presented with a list of several ways that therapy might have been "very helpful" (apart from change in sexual orientation). Notable were feeling more masculine (males) or more feminine (females) (87%) and developing more intimate nonsexual relations with the same sex (93%).[17]

Another prospective, ten-year longitudinal study demonstrated the effectiveness of treatment of unwanted same-sex attractions.[18]

The benefits of healthy male friendships in recovery was demonstrated in a study conducted at Fordham University that found that men who developed healthy non-sexual friendships with other men showed positive results in changing their same-sex attractions/"orientation."[19]

One seminarian in treatment for transitory SSA stated in a psychotherapy session, "I have come to appreciate that my masculinity is not and was not in the past dependent upon success in sports, male peer acceptance, a muscular body or an affirming father, but upon my becoming more like Jesus Christ, the true model of masculinity."

The Vatican directive states that transitory same-sex attractions must be clearly overcome at least three years before diaconal ordination.[20] Psychotherapy that primarily addresses weaknesses in male confidence in conjunction with spiritual direction usually makes this possible. Seminarians who have not overcome their SSA by the stipulated time should take a leave of absence and return when their confidence has grown and their attractions have resolved.

Conferences for Mental-Health Professionals

In view of the crisis in the Church marked primarily by homosexual acts against adolescent males, it is essential that mental-health professionals involved in the evaluation of candidates for seminary or in the treatment of seminarians with SSA should know how to distinguish deep-seated homosexuality from transitory same-sex attractions, understand the origins and treatment of SSA, and support the Church's teaching on homosexuality. Given the specialized nature of evaluating candidates for seminaries, we recommend that the psychologists and psychiatrists who engage in this important work be required to participate in ongoing educational programs given by those loyal to the Church's teaching on sexual morality.[21]

Conclusion

The Vatican document on making the distinction between deep-seated homosexual tendencies and transitory same-sex attractions is very important in the attempt to prevent the abuse of adolescent males

and children and to protect the Church from further shame and sorrow. Transitory same-sex attractions can be identified and resolved with appropriate psychotherapy combined with spiritual direction.

Hopefully, candidates for seminary *and seminarians* with deep-seated homosexual tendencies will become more open to the wisdom of Pope Benedict XVI on homosexuality,

> Sexuality has an intrinsic meaning and direction which is not homosexual. The meaning and direction of sexuality is to bring about the union of man and woman and in this way give humanity posterity, children, future. This is the determination internal to the essence of sexuality. Everything else is against sexuality's intrinsic meaning and direction. This is a point we need to hold firm, even if it is not pleasing to our age.[22]

Notes

[1] John Jay College of Criminal Justice, *The Nature and Scope of the Problem of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States 1950–2002* (New York: John Jay College of Criminal Justice, 2004), http://www.usccb.org/issues-and-action/child-and-youth-protection/upload/The-Nature-and-Scope-of-Sexual-Abuse-of-Minors-by-Catholic-Priests-and-Deacons-in-the-United-States-1950-2002.pdf.

[2] Congregation for Catholic Education, *Concerning the Criteria for the Discernment of Vocations with Regard to Persons with Homosexual Tendencies in View of Their Admission to the Seminary and to Holy Orders* (2005), http://www.vatican.va/roman_curia/congregations/ccatheduc/documents/rc_con_ccatheduc_doc_20051104_istruzione_en.html.

[3] American Psychological Association, "Answers to Your Questions for a Better Understanding of Sexual Orientation & Homosexuality" (Washington, D.C., American Psychological Association, 2008).

[4]Catholic Medical Association, *Homosexuality and Hope* (Bala Cynwyd, PA: Catholic Medical Association, 2010).

[5] T.G. Sandfort et al., "Same-Sex Sexuality and Quality of Life: Findings from the Netherlands Mental Health Survey and Incidence Study," *Archives of Sexual Behavior* 32 (2003): 15–22; A. Parkes et. al., "Comparison of Teenagers' Early Same-Sex and Heterosexual Behavior: UK Data from the Share and Ripple Studies," *Journal of Adolescent Health* 48(2011): 27–35.

[6] R. Fitzgibbons, "The Origins and Therapy of Same-Sex Attraction Disorder," in *Homosexuality in American Public Life*, ed. C. Wolf (Washington, D.C.: Spence, 1999); R. Fitzgibbons, "The Origins and Healing of Homosexual Attractions and Behaviors," in Fr. John Harvey, *The Truth about Homosexuality: The Cry of the Faithful* (San Francisco: Ignatius Press, 1996).

[7] T. Sandfort et al., "Same-Sex Sexual Behavior and Psychiatric Disorders: Findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS)," *Archives of General Psychiatry* 58 (2001): 85–91; D. Fergusson et al., "Sexual Orientation Related to Mental Health Problems and Suicidality in

Young People," *Archives of General Psychiatry* 56 (1999): 876–880; R. Herrell et al., "Sexual Orientation and Suicidality: A Co-Twin Control Study in Adult Men," *Archives of General Psychiatry* 56 (1999): 867–874; S. Cochran and V. Mays, "Physical Health Complaints Among Lesbians, Gay Men, and Bisexual and Homosexually Experienced Heterosexual Individuals: Results From the California Quality of Life Survey," *American Journal of Public Health* 97 (2007): 2048–2055; S. Gilman et al., "Risk of Psychiatric Disorders Among Individuals Reporting Same-Sex Sexual Partners in the National Comorbidity Survey," *American Journal of Public Health* 91 (2001): 933–976; T. Sandfort et al., "Sexual Orientation and Mental and Physical Health Status: Findings from a Dutch Population Survey. *American Journal of Public Health* 96 (2006): 1119–1125.

[8] U. Boehmer et al., "Cancer Survivorship and Sexual Orientation," *Cancer* 117 (2011): 3796–3804.

[9] C. Socarides, *Homosexuality: A Freedom Too Far* (Phoenix, AZ: Adam Margrave Books, 1995), 16–18.

[10] R. Langevin and D. Paitich, *Clarke Sex History Questionnaire for Males–Revised (SHQ-R)* (North Tonawanda, NY: Multi-Health Systems, Inc., 2002).

[11] S. Hockenberry and E. Billingham, *Boyhood Gender Conformity Scale (BGCS)* (Bloomington, IN: Department of Applied Health Science, Indiana University, 1987).

[12] R. Enright and R. Fitzgibbons, *Helping Clients Forgive: An Empirical Guide for Resolving Anger and Restoring Hope* (Washington, D.C.: American Psychological Association Books, 2000).

[13] R. Fitzgibbons, "The Origins and Therapy of Same-Sex Attraction Disorder," in *Homosexuality in American Public Life*, ed. C. Wolf (Washington, D.C.: Spence, 1999); Catholic Medical Association, *Homosexuality and Hope*.

[14] R.L. Spitzer, "Can Some Gay Men and Lesbians Change Their Orientation?" *Archives of Sexual Behavior* 32 (2003): 403–417.

[15] Liguori Publications, *Accepting Your Gay Child* (Ligouri, MO: Liguori Publications, 2006), 17.

[16] Spitzer, "Can Some Gay Men and Lesbians Change," 412.

[17] Ibid.

[18] S.L. Jones and M.A. Yarhouse, *Ex-Gays?: A Longitudinal Study or Religiously Mediated Change in Sexual Orientation* (Downers Grove, IL: InterVarsity Press Academic, 2007).

[19] E.Y. Karten and J.C. Wade, "Sexual Orientation Change Efforts in Men: A Client Perspective," *Journal of Men's Studies* 18 (2010): 84–102.

[20] Congregation for Catholic Education, *Concerning the Criteria for the Discernment of Vocations*.

[21] R. Fitzgibbons and P. Rudegeair, "A Letter to the Catholic Bishops," *Homiletic and Pastoral Review* 103 (November 2002): 53–61.

[22] Pope Benedict XVI and Peter Seewald, *Light of the World: The Pope, the Church and the Signs of the Times* (San Francisco: Ignatius Press, 2010), 151–152.